

## Abstract

Stress cardiomyopathy is a reversible cause of acute left ventricular dysfunction. Due to overlapping of symptoms and investigation findings, stress cardiomyopathy can be misdiagnosed as an acute myocardial infarction. Hence correct identification of the condition is of great importance. It is increasingly being described with several medical conditions, which are associated with increase catecholamine surge like sepsis specially in the intensive care unit settings, but less with inflammatory bowel disease. Very few cases up to date has described stress cardiomyopathy associated with gastrointestinal diseases like inflammatory bowel disease. Mainly because the condition is underdiagnosed or misdiagnosed, endangering the lives. Although the stress cardiomyopathy is potentially reversible, due to the disease related severe complications it is important to promptly identify and treat accordingly to prevent morbidity and mortality. Here we discuss a case of a 42-year-old female presented to us with severe exacerbation of ulcerative colitis, which was complicated with stress cardiomyopathy during management. She developed acute ischemic chest pain with shortness of breath during the illness, diagnosed with stress cardiomyopathy and was completely recovered with aggressive medical management and controlling the catecholamine surge. Thus, the correct timely diagnosis of stress cardiomyopathy in this case saved the patient's life and she could safely undergo the total proctocolectomy to control ulcerative colitis in few days' time. So, it is of importance to have clinical suspicion and be aware of the uncommon yet important complications like stress cardiomyopathy when managing patients with acute illnesses associated with catecholamine surge as the condition is reversible if act correctly on time to prevent disease related morbidity and mortality.